ISSUE SLIP STAPLE AREA (for additional cross refer

POSITION .	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sime Co		10-12-01
O.I.P.E. CLASSIFIER		[1]	10/12.7
FORMALITY REVIEW	Ł12	705	11/09/01
RESPONSE FORMALITY REVIEW	E	16818	11/30/01
	\\		<u> </u>

## INDEX OF CLAIMS

J			Non-efected
	Allowed		Interference
	(Through numeral) Canceled		Appeal
•	Restricted	0	Objected

09/973,802

Restricted 0									
Ctaim Date	Claim	Date	Ctalm	Cate					
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21 11 12	51 52 53		· 101						
	54 55 55 S		105						
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10 11	60 81		110						
12	62 63 64		112						
	65 68 67		115						
18 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	69 69 70		118						
21 24 23 24	71 72 73		121 122 123						
	74 75 78		124						
28 29	77 78 79		127						
30 31 32	80 81 82		130						
33 34 35	83 84 85		123						
38 37 38 38 38 38 38 38 38 38 38 38 38 38 38	88 97 88		135						
39	69 90		139						
41 42 43 43	92 93 94		142						
46	95	<del>*****</del> <del>****</del>	145						
48 49 49	97 96 99		148						
50	hod			<u></u>					

BEST AVAILABLE COPY

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)